



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

August 7, 2007

Dollie Wallace, Administrator  
Spring Creek Manor V, LLC - Special Care Unit  
187 E Calderwood Avenue  
Meridian, ID 83642

License #: RC-870

Dear Ms. Wallace:

On June 22, 2007, a state licensure survey was conducted at Spring Creek Manor V, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen McDannel".

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 17, 2007

Dollie Wallace, Administrator  
Spring Creek Manor V, LLC - Special Care Unit  
187 E Calderwood Avenue  
Meridian, ID 83642

Dear Ms. Wallace:

On June 22, 2007, a State Licensure survey was conducted at Spring Creek Manor V, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 22, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

|  |   |  |  |                          |  |
|--|---|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13R860</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/22/2007</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRING CREEK MANOR - MERIDIAN</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>175 EAST CALDERWOOD AVENUE<br/>MERIDIAN, ID 83642</b>                        |                          |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| R 000  | <p><b>Initial Comments</b></p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were:</p> <p>Karen McDannel, RN<br/>Health Facility Surveyor</p> <p>Donna Henscheid, LSW<br/>Health Facility Surveyor</p> | R 000  |  |                          |  |

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BBJ711

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

|                                      |  |                              |
|--------------------------------------|--|------------------------------|
| Facility Name<br>Spring Creek Manor  | Physical Address<br>187 E. Calderwood Ave. | Phone Number<br>208-884-6199 |
| Administrator<br>Dottie Wallace      | City<br>Meridian                           | ZIP Code<br>83642            |
| Survey Team Leader<br>Karen McDaniel | Survey Type<br>Initial                     | Survey Date<br>6/22/07       |

## NON-CORE ISSUES

[illegible]

Signature of Facility Representative

Date Signed \_\_\_\_\_

7/22/07

Wallace Wallace

6-22-07